

**TOWN CLERK'S OFFICE**  
**Town of Ashburnham**  
**VITAL RECORDS REQUEST FORM BY MAIL**

To order one or more certified copies of a vital record where all of the information listed below is known, please complete this form and return it, together with a self-addressed, stamped envelope and a check made payable to the "Town of Ashburnham" in the amount of **\$5/\$10** for each certified copy requested. Mail your request to:

**Town Clerk's Office – Vital Records**  
**Town Hall 15 Oakmont Drive**  
**Ashburnham, MA 01430**

**BIRTH RECORD**

NAME: \_\_\_\_\_

DATE of BIRTH: \_\_\_\_\_

NAME of MOTHER: \_\_\_\_\_

NAME of FATHER: \_\_\_\_\_

Number of Copies: \_\_\_\_\_ Amount Enclosed: \$ \_\_\_\_\_

**MARRIAGE RECORD**

NAME of 1<sup>st</sup> PARTY: \_\_\_\_\_

NAME of 2<sup>nd</sup> PARTY: \_\_\_\_\_

DATE of MARRIAGE: \_\_\_\_\_

Number of Copies: \_\_\_\_\_ Amount Enclosed: \$ \_\_\_\_\_

**DEATH RECORD**

NAME: \_\_\_\_\_

DATE of DEATH: \_\_\_\_\_

PLACE of DEATH: \_\_\_\_\_

Number of Copies: \_\_\_\_\_ Amount Enclosed: \$ \_\_\_\_\_

**SHOULD WE NEED TO CONTACT YOU REGARDING THIS REQUEST PLEASE**  
**COMPLETE THE FOLLOWING:**

Name of Requestor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Total Enclosed: \$ \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Correct Fee: (Yes) \_\_\_\_ (No) \_\_\_\_

Person Contacted: \_\_\_\_\_ Result: \_\_\_\_\_

Date Mailed: \_\_\_\_\_ Date Picked Up: \_\_\_\_\_